

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019		Entity Name: PROVIDENCE MOUNT CARMEL HOSPITAL						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 RON REHN	X		228,847	43,347	3,319	53,623	12,374	341,510
2 ROBIN D MARSH			200,472	17,200	57,865	27,052	21,712	324,301
3 NADYU LUCAS			169,084	8,056	20,485	40,562	16,464	254,650
4 SUSAN GOE			159,312	13,999	3,894	24,243	20,939	222,388
5 SUSAN M ROPP			146,437	14,172	1,962	26,924	10,987	200,482
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov